



A Public Service Agency

ENVÍE POR CORREO A: DEPARTMENT OF MOTOR VEHICLES—FINANCIAL RESPONSIBILITY
P. O. BOX 942884, MAIL STATION J237, SACRAMENTO, CA 94284-0884
(916) 657-6677

—COMPLETE LO SIGUIENTE—

LA CUOTA ES DE US\$20 POR CADA DOCUMENTO QUE SE SOLICITE Y NO ES REEMBOLSABLE. POR FAVOR ADJUNTE UN CHEQUE O SU NÚMERO DE CÓDIGO DE SOLICITANTE.

SOLICITUD DE (Por favor márkuelo):

- ☐ Información del seguro contenida en el expediente
☐ Certificación de motorista sin seguro
☐ Fotocopia del reporte SR1

Escriba su nombre y dirección en la casilla de arriba.

Nombre del vendedor _____

No. de código de solicitante del vendedor _____

No. de contrato del vendedor _____

FECHA DE SOLICITUD	
SU NO. DE CÓDIGO DE SOLICITANTE	NO. DE EXPEDIENTE DE F.R. (SI LO CONOCE)
FECHA DEL ACCIDENTE	LUGAR (CIUDAD)
SU CLIENTE O ASEGURADO	
CONDUCTOR DEL AUTOMÓVIL EN QUE ESTABA SU CLIENTE O ASEGURADO	
NO. DE LICENCIA DE MANEJAR	FECHA DE NACIMIENTO
DOMICILIO (REQUERIDA)	

SUJETO DE LA INVESTIGACIÓN (un nombre por solicitud)

NOMBRE	
DOMICILIO	
NO. DE LICENCIA DE MANEJAR	FECHA DE NACIMIENTO
NO. DE LICENCIA DEL VEHÍCULO	

SÓLO PARA USO DEL DMV

- ☐ **The subject of your inquiry:**
- ☐ has complied with the law by submitting evidence of liability insurance with _____.
 - ☐ is not named in our file. If the subject is not named on an SR1 report or a police report, an SR19C cannot be processed.
 - ☐ did not file an SR1 report.
 - ☐ was driving a vehicle owned by _____.
 - ☐ This company is an authorized self-insurer (SI # _____) and is exempt from the reporting requirement.
 - ☐ has not submitted evidence of liability insurance in effect at the time of the accident.
- ☐ **The accident does not come under the authority of the Financial Responsibility Law. The SR1 indicates there was no damage over \$500 or any injury.**
- ☐ **Your request does not:**
- ☐ contain sufficient information to identify subject's driver license number or to locate a possible file. Please furnish information checked above.
 - ☐ state your interest in the case. Information may only be provided to persons having a proper interest or who were involved in the accident, per Section 16005(b) V.C. _____

Other:

- ☐ The department does not maintain insurance records for all vehicles registered in California. Insurance information is requested upon receipt of a SR 1 Report of a reportable accident in California.
- ☐ The FR file has been purged in accordance with our 48-month purge criteria, therefore, the insurance information from the FR file is no longer available.
- ☐ SR 1 Traffic Accident Reports, received later than one year from accident date cannot be accepted.
- ☐ No SR 1 accident report has been received, therefore no file has been established as of _____.
- ☐ The driver involved in this accident provided the department with insurance information. When a driver has been identified and provides information, the department will not solicit insurance information from the registered owner.
- ☐ The vehicle was reported "Parked", therefore, insurance information was not solicited.
- ☐ If you resubmit this request, a new \$20.00 fee is due.
- _____
- ☐ Law enforcement accident reports cannot be used as the basis for establishing a financial responsibility file. The financial responsibility file can only be established upon receipt of the Financial Responsibility Report of Accident Form (SR 1).